

COMMONWEALTH OF KENTUCKY ENVIRONMENTAL AND PUBLIC PROTECTION CABINET Office of Housing, Buildings and Construction

DIVISION OF HVAC

101 Sea Hero Road, Suite 100

Frankfort, Kentucky 40601-5405 (502) 573-0395 Fax (502) 573-1401



JOURNEYMAN MECHANIC HVAC LICENSE APPLICATION

Please type or print application. All questions must be answered on both sides of this application.

An application fee of \$50.00 is to be submitted payable to Kentucky State Treasurer.

			. Name			
M	First					
	Street, Route or Box Number	ess:	Addr			
e:Zip:		,	City:			
	**************************************		~~J_			
hone: ()	Tel	ty:	Coun			
number:	/ Social Securit	of Birth:/	Date			
		any Name:	. Comp			
		ess:	Addr			
	(Street, Route or Box Number		·			
Zip:	City:St					
nty: Telephone: ()						
am: is cannot be issued until exam is passed s, Registration #	No (If no, lice		. Are y			
For Office Use Only Date Received Approved Ssue Pending Approved To Test Board Review Appr # & Status Master for Comp. Master Address		Applicant Photo	٠			
Board Review Appr # & Status Master for Comp.						



6. Total HVAC experience				
(A) List the name and a	ldress of HVAC employers and	date of employmen	t.	
Employer Name	<u>Address</u>	<u>From</u>	<u>To</u>	Phone number
	VAC work hours for which reco			
(C) List any scho	ols with HVAC training in whic	h you have attended	l. Attach o	certificate or transcript.
<u>Title</u>	Presented by	<u>Dates</u>		Hours
	Applicant's Sig	nature:		
Education Assistance	ot in default of any student lo Authority). I understand that receive a Kentucky Journey	t if I am in defaul	lt of any s	student loans backed by
STATE OF				
County of				
The applicant, whose is foregoing statements si personally signed this	name is,ubscribed to him are true to tapplication.	he best of his know	, bein yledge and	g duly sworn declares that I belief, and that he/she has
Subscribed and sworn	to before me this	day of		
	Notary Publi	e		
My Commission expir	es:			